



DATE: August/ September 2007 – **Revised September 26, 2007**

TO: Holders of AHCCCS Medical Policy Manuals

FROM: Claire Sinay, Manager
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Office of Medical Policy and Programs, AHCCCS

SUBJECT: AHCCCS Medical Policy Manual (AMPM)
Update, August and September 2007

References to Community Reintegration Services have been struck, explanation included.

We have several updates for the month. All revisions posted with this publication are effective 10/1/2007. Although not meant as an exhaustive list, please find the highlights of our modifications below.

Note – On 9/24/07 AHCCCS was informed by CMS that our 1115 Demonstration Waiver does not have the authority to provide Community Reintegration Services. See Special Update dated September 26th for a full discussion of this issue. In summary, AHCCCS will not be implementing Community Reintegration Services at this time. All other updates included in this memo are effective 10/1/2007.

For hard copy manual holders, Chapter 1200 and Sections of Chapter 1600 will need to be replaced. Refer to 9/26/2007 Special Update for instructions.

Chapter 100

Due to legislative direction, effective 10/1/2007, Hospice is a covered service for the entire AHCCCS population. Definitions related to Hospice services have been relocated to Policy 310, Covered Services.

Chapter 300, Policy 310

Revisions to Policy 310 are as follows:

- Hospice – In this year's legislative session, AHCCCS was authorized to expend funds to provide hospice services to non-ALTCS members 21 years of age and older. AHCCCS was previously authorized to cover members who were under age 21 or enrolled in ALTCS. Therefore, under the new legislation, AHCCCS may offer Hospice service to all AHCCCS members. Questions related to revisions to this section should be directed to Maureen Sharp at 602-417-4627.

- Immunizations – AHCCCS follows the recommendations as established by the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices. For clarification purposes, AHCCCS has added two of the newly recommended adult immunizations to the list of example covered immunizations. The additions are Zostavax (for members age 60 and older) and the HPV vaccine (for women through the age of 26). Questions related to revisions to this section should be directed to Kim Elliott at 602-417-4782.
- Medical Supplies, Durable Medical Equipment and Orthotic/Prosthetic Devices – There are two modifications to this section.
 1. Osseointegrated Implants – Osseointegrated Implants are considered prosthetic devices (an example is the Bone Anchored Hearing Aid [BAHA]). AHCCCS covers these devices when hearing aids are medically inappropriate or cannot be utilized due to congenital malformation, chronic disease, severe sensorineural hearing loss or surgery. In this instance, AHCCCS policy is in agreement with Medicare policy related to this device.
 2. Personal Care Items – AHCCCS is clarifying the policy related to personal care items. Personal care items include items of personal cleanliness, hygiene and grooming and are not covered unless the personal care item is needed to treat a medical condition. The exception to this policy is incontinence briefs for persons over 3 and under 21 which are covered as described in Policy 430. Questions related to this section should be directed to Maureen Sharp at 602-417-4627.
- Prescription Medication/Pharmacy Services – Revisions to this section are non-substantive.
- Rehabilitation Therapies – Clarification of current policy. Rehabilitative therapies are covered when the member has the potential for improvement. AHCCCS does not require that the condition be acute. Questions related to this section should be directed to Maureen Sharp at 602-417-4627.

Modified Exhibits, Chapter 300

- Exhibit 300-1, AHCCCS Covered Services Acute Care: Hospice has been revised.

Chapter 800, Policy 820

- Medical Supplies, Durable Medical Equipment and Orthotic/Prosthetic Devices – As described above, Policy 310, AHCCCS is clarifying our position related to personal care items. Personal care items are not covered unless needed to treat a medical condition. The exception to this policy is incontinence briefs which are covered for members over 3 and under 21 as described in Policy 430. Questions related to this section should be directed to Maureen Sharp at 602-417-4627.

Chapter 1200, Entire Chapter

The formatting in this Chapter has been revised for clarity and to display this Chapter in a manner which is more consistent with the remainder of the Manual. Please note the entire Chapter will carry the revised effective date of 10/1/2007. Other substantive revisions to Chapter 1200 are included below.

Chapter 1200, Policy 1240

- Attendant Care – The AHCCCS 1115 Waiver Amendment was approved by CMS in October 2006 and has authorized coverage of attendant care services provided by the spouse of an ALTCS member to the member in a home and community based setting under certain circumstances. The revised Policy describes the requirements that must be met as imposed by the Waiver and final rules.
- Community Reintegration – **(Insertion 9/26/07) On 9/24/07 AHCCCS was informed by CMS that our 1115 Demonstration Waiver does not have the authority to provide Community Reintegration. AHCCCS will not be implementing this Policy at this time.** ~~This is a new Policy implementing a reintegration service for members in an ALTCS institutional setting to facilitate reintegration into the community by assisting with the cost of returning to a home or apartment. The cost is limited to one \$2,000 (includes administrative fees) authorization for the purchase of needed good and services. This service may be authorized once every 5 years.~~
- Home Health Services – Effective 10/1/2007 home health nursing visits of two hours or less in duration or multiple visits that do not exceed a total of four hours in one day are to be reported with HCPCS code G0154 when either a Registered Nurse or a Licensed Practical Nurse is sent (note this is a 15 minute code). When a visit exceeds two hours in duration, or multiple visits exceed four hours in a single day, services should be billed using HCPCS code S9123 when services are provided by a RN or S9124 when provided by a LPN. Exhibit 1240-2, Home Health Skilled Nursing/Private Duty Nursing Services has been revised to reflect this modification.

Modified Exhibits, Policy 1240

- Exhibit 1240-2, Home Health Skilled Nursing/Private Duty Nursing Services: Home health service codes have been revised.
- Exhibit 1240-3, Authorization of Home and Community Based Services: ~~Community Reintegration has been added.~~
- Exhibit 1240-6, ALTCS Alternative Residential Settings: Service Codes and applicable units of service, Service codes have been revised.

Questions related to modifications to Policy 1240 should be directed to Alan Schafer at 602-417-4614.

Chapter 1200, Policy 1250

- Dental Benefits, ALTCS Adult – In this year's legislative session, AHCCCS was authorized to spend up to \$1,000 for dental services for ALTCS members. ALTCS members age 21 and older may receive medically necessary dental services up to \$1,000 per member per contract year. Because emergency dental services and medically necessary dentures are a separately identified covered service for all members, these services are excluded from the ALTCS Adult Dental Benefit. Members who are under 21 are not impacted as they are already covered for dental services as described in Policy 430. Questions related to ALTCS Adult Dental Benefit should be directed to Dr. Robert Birdwell at 602-417-4198.

- Hospice Services – Hospice services continue to be covered for ALTCS members. Policy has been updated to appropriately reference the remainder of the Manual.

Chapter 1600, Policy 1620

- Standard IX, High Cost Behavioral Health Reinsurance has been revised. Effective 10/1/2007, AHCCCS will no longer activate any new high cost behavioral health reinsurance cases. All cases that were approved prior to October 1, 2007 and were active on September 30, 2007 will remain reinsured.
- In addition to Standard IX, there have been numerous revisions to other standards within the Case Manager Standards Policy. The purpose of many of the revisions is to incorporate the additional requirements corresponding to the ALTCS Adult Dental Benefit, ~~Community Reintegration~~, and Spouse Attendant Care policies.

(Insertion 9/26/07) As previously discussed, AHCCCS will not be implementing Community Reintegration. The segments of Policy 1620 related to Community Reintegration have been deleted.

- There are also several modifications related to the member's right to disagree with his or her service plan. Additionally, there is clarification related to the requirement for Notice of Action in the event that the member disagrees with the authorization of placement or services.

Modified Exhibits, Policy 1620

- Exhibit 1620-2 ALTCS Member Change Form: Instructions were revised related to initiation of the member's spouse as the paid caregiver.
- Exhibit 1620-6 High Cost Behavioral Health Reinsurance Form: Revised to indicate that no new cases will be initiated after 9/30/2007.
- Exhibit 1620-9 ALTCS Enrollment Transition Information Form: Revised to incorporate additional reporting required related to ALTCS Adult Dental Benefit. ~~and Community Reintegration.~~
- Exhibit 1620-12 Spouse Attendant Care Form: New form implemented as part of the new Spouse Attendant Care Policy. This form will be reviewed and signed annually.

Chapter 1600, Policy 1630

The significant modification to Policy 1630 is within the Case Management Procedures section. AHCCCS has included specific language that must be used by the Contractors on their service plan forms for members to indicate whether they agree or disagree with the service plan as outlined by the Case Manager.

Questions related to modifications to Chapter 1600 should be directed to Carol Sanders at 602-417-4302.

TO UPDATE YOUR AMPM:

Chapter 100

Replace entire Chapter with the revised Chapter 100.

Chapter 300

Replace Chapter Table of Contents with the revised TOC.

Replace Exhibit 300-1 with the revised Exhibit 300-1.

Replace pages 310-1 through 310-75 with the revised pages 310-1 through 310-78.

Chapter 800

Replace pages 820-11 through 820-14 with the revised pages 820-11 through 820-14.

Chapter 1200

See Special Update of 9/26/07 for instructions.

Chapter 1600

See Special Update of 9/26/07 for instructions.